OIPE JC66 MAY 09 2003 PATENT & TRADEMARK OFFICE

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AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: P-PM 4097
SERIAL NO: 09/575,061	FILING DATE: May 19, 2000	EXAMINER: G. Gabel	GROUP ART UNIT: 1641 CONFIRMATION NO.:1578
INVENTION: DIAGNOSIS, PREVENTION AND TREATMENT OF CROHN'S DISEASE USING THE OmpC ANTIGEN			

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 7, 2003.

By: Pamela M. Guy
Pamela M. Guy, Reg. No. 41,228

May 7, 2003
Date of Signature

RECEIVED
MAY 14 2003
TECH CENTER 1600/2900

Transmitted herewith is a Response to the Office Action mailed January 7, 2003, in the above-identified application, with attached Appendix A and Exhibit 1.

___ Small Entity status of this application has been established under 37 CFR 1.27.

X Petition for a one-month Extension of Time is enclosed (in duplicate).

___ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

X No additional claims fee is required.

___ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMEND-MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	11	-	20	-	0	x	$9	$18	=	$	$0
INDEPEN-DENT CLAIMS	4	-	4	-	0	x	$42	$84	=	$	$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			____YES		___X___NO		$140	$280	=	$	$0
							TOTAL ADDITIONAL FEE			$	$0

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

X Please charge my Deposit Account No. 502624 the amount of $110.00 of which covers the fee for a one-month extension of time. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Pamela M. Guy

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